



1997 ECONOMIC CENSUS
TRAVELER ACCOMMODATIONS

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-7001

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred

Acceptable

Mil-lions (000) Thou-sands (000) Dol-lars (000)

1 126

1 125 629

Item 4. DOLLAR VOLUME OF BUSINESS

Mil.

Thou.

Dol.

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

010

Item 5. PAYROLL

Mil.

Thou.

Dol.

Payroll in 1997, BEFORE DEDUCTIONS

030

a. Annual

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

Hotel with 25 or more guestrooms 7011601

Hotel with less than 25 guestrooms 7011801

Motel 7011311

Motor hotel 7011401

Bed and breakfast inn with 25 guestrooms or more 7011701

Bed and breakfast inn with with less than 25 guestrooms 7011901

Casino hotel (gambling) with guestrooms for lodging 7011501

Casino (gambling) without guestrooms for lodging 7999051

Ski area or resort with guestrooms for lodging 7011603

Ski area or resort without guestrooms for lodging 7999031

Hotel operated by membership organization:

With rooms open to the general public 7011602

With rooms limited to members only 7041101

Lodging house operated by membership organization:

With rooms open to the general public 7021002

With rooms limited to members only 7041201

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS – Continued

070

Rooming and boarding house

7021001

☐

Tourist court or cabin

7011321

☐

Dormitory (commercially operated)

7021003

☐

Hostel

7011322

☐

Sporting or recreation camp (fishing camp, dude ranch, etc.)

7032001

☐

Trailer park, recreational vehicle park, or campground (except residential)

7033001

☐

Bar or restaurant operated by social or fraternal organization for members

8641101

☐

Bar, tavern, pub, or other drinking place (selling alcoholic beverages for consumption on premises)

5813001

☐

Full-service restaurant (patrons order through waiter/waitress service and pay after eating)

5812121

☐

Limited-service restaurant (patrons pay before eating; including delivery-only locations)

5812802

☐

Hotel/motel real estate owner (owning land or building but not the lodging business)

6512919

☐

Apartment building operator

6513003

☐

Other kind of business – Describe

7777777

☐

Item 8. Not applicable to this report

Item 9. Not applicable to this report

Item 10. MERCHANDISE/RECEIPT LINES

Report sales for each merchandise/receipt line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is 38.76% of total sales:

Report whole percents

39

Not acceptable

38.76

Merchandise/receipt lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
	230	231			232
1. Guestroom or unit rentals (exclude occupancy taxes)	0010				
2. Camp tuition or fees	0020				
3. Telephone service charges	0030				
4. Gaming receipts (include receipts from the operation of casino games, slot machines, etc. by this establishment)	0040				
5. Rental of public rooms (e.g., conference/convention meeting rooms)	0050				
6. Membership dues and fees	0060				
7. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption (include ice cream and yogurt served for immediate consumption)					
a. Food/nonalcoholic beverages prepared for carryout and consumption off the premises	0121				
b. Food/nonalcoholic beverages prepared for consumption on the premises	0122				
c. Sum of lines 7a and 7b	0120				

Merchandise/receipt lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
8. Alcoholic drinks (served at this establishment)					
a. Distilled spirits	0131				
b. Wine	0132				
c. Beer and ale	0133				
d. Sum of lines 8a through 8c	0130				
9. Packaged liquor, wine, and beer	0140				
10. Groceries and other food items for human consumption off the premises (include bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc.)	0100				
11. Tobacco products and accessories (exclude sales from vending machines operated by others)	0150				
12. All other merchandise (Report receipts for services on line 13)	9810				
(Specify principal lines and estimated sales below)					
a. 076	9811				
b. 077	9812				
c. 078	9813				
13. All other nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES	9980				
14. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. SPECIAL INQUIRIES

The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.

Number of rooms, units, or quarters, by type

380

a. Primarily rented as residential quarters or units (occupied as one's primary residence)

381

b. Primarily rented as transient guestrooms or units

382

c. TOTAL (Sum of lines a and b)

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003

1

☐

Individual owner (sole proprietorship)

2

☐

Partnership

3

☐

Cooperative association (taxable)

4

☐

Cooperative association (tax-exempt)

5

☐

Government – Specify

0

☐

Corporation (Do not mark if any form of cooperative association)

9

☐

Other – Specify

FORM RT-7001

CONTINUE ON PAGE 3

